



November 2008

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
Integrated Waste Management Board (CIWMB)

**LOCAL GOVERNMENT WASTE TIRE CLEANUP AND
AMNESTY EVENT GRANT PROGRAMS
APPLICATION**

TCA4 Cycle – FISCAL YEAR (FY) 2008/09



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Mailed applications must be postmarked no later than **January 9, 2009**. Hand delivered applications must be received and date stamped by CIWMB Staff no later than 3:00 p.m. on **January 9, 2009**. Late applications will be disqualified. Emailed or faxed applications will not be accepted.

Please follow instructions in the Application Guidelines and Instructions when completing this application. The Application Guidelines and Instructions are critical to properly completing and submitting this application.

Applications become the property of the CIWMB and are subject to disclosure under the Public Records Act. Do not submit confidential information.

Applications sent by U.S. Postal Service or a commercial delivery service should be sent in a manner that allows for tracking by the sender and that provides an addressed and dated receipt. Failure to do so is at the risk of the applicant and if delivery is delayed or the application is lost by the Post Office or delivery service, the burden is on the applicant to demonstrate timely mailing or delivery of the application.

LOCAL GOVERNMENT WASTE TIRE CLEANUP AND AMNESTY EVENT GRANT PROGRAMS – TCA4 (FY 2008/09)

Complete and submit all sections.

APPLICANT / ORGANIZATION INFORMATION					
APPLICANT / ORGANIZATION NAME:			CLEANUP PROJECTS AMOUNT:		
PARTICIPATING JURISDICTIONS (FOR REGIONAL PROGRAMS ONLY):			AMNESTY EVENTS AMOUNT:		
			REQUESTED TOTAL AMOUNT: <small>(ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)</small>		
MAILING ADDRESS:			PROJECT ADDRESS:		
CITY:			CITY:		
COUNTY:	ZIP CODE:	COUNTY:		ZIP CODE:	
PRIMARY CONTACT NAME:		SIGNATURE AUTHORITY NAME: <small>(AS AUTHORIZED IN RESOLUTION)</small>		AUTHORIZED DESIGNEE NAME: <small>(IF APPLICABLE, AS AUTHORIZED IN LETTER OF DELEGATION-LOD, SEE APPENDIX A FOR MORE INFO.)</small>	
TITLE:		TITLE:		TITLE:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:		TELEPHONE NUMBER:	
FAX NUMBER:		FAX NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:		EMAIL ADDRESS:	
INDICATE WHICH TYPE OF ENTITY YOU ARE (CHECK ONLY ONE):					
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY & COUNTY <input type="checkbox"/> QUALIFYING INDIAN TRIBE <input type="checkbox"/> OTHER (LIST TYPE) _____					
LEGISLATIVE DISTRICT NUMBERS (TO FIND YOUR DISTRICT, USE MAILING ADDRESS ABOVE AND GO TO www.ciwmb.ca.gov/Profiles/Juris/) ASSEMBLY: SENATE:				FEDERAL TAX IDENTIFICATION NUMBER:	

ENVIRONMENTAL JUSTICE CERTIFICATION	
<i>CIWMB Grantees must in the performance of the Grant Agreement conduct their programs, policies, and activities that substantially affect human health or the environment in a manner that ensures the fair treatment of people of all races, cultures, and income levels, including minority populations and low-income populations of the State. (Govt. Code §65040.12(e) and Public Resources Code §71110(a))</i>	
Must check box	
<input type="checkbox"/>	We acknowledge that our organization will comply with these principles of Environmental Justice.

RESOLUTION or (LETTER OF COMMITMENT) REQUIREMENT

Submit either an approved Resolution, valid up to 5 years, with your application or the following acknowledgement

(If applicable, submit a current Letter of Delegation (LOD) for signature designee)

Note: See Application Guidelines & Instructions for Resolution and Letter of Authorization (LOA) information and examples

Must check one

☐

We acknowledge that an approved Resolution and, if applicable, LOD designating additional signature authority is enclosed in the application.

☐

We acknowledge that our approved Resolution must be received by the CIWMB no later than **February 9, 2009**. We further acknowledge that if our Resolution is received after this date, our application will be disqualified.

CERTIFICATION OF COMPLETION OF GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS (CIWMB 669)

☐

CIWMB 669 form submitted with application.

ENVIRONMENTALLY PREFERABLE PURCHASES AND PRACTICES POLICY

Acknowledgement that your organization has an Environmentally Preferable Purchases & Practices Policy

Note: See Application Guidelines & Instructions for Environmentally Preferable Purchases and Practices Policy example and Notification Form

Must check one

☐

Yes, our organization has an Environmentally Preferable Purchases and Practices Policy. Date adopted: _____

☐

No, our organization does not have an Environmentally Preferable Purchases and Practices Policy. We acknowledge that our organization must adopt one by **February 9, 2009** and send notification (see Application Guidelines & Instructions for Notification Form) to the CIWMB of such adoption by **February 9, 2009** or our application will be disqualified.

ACCEPTANCE OF GRANT PROVISIONS

☐

By checking this box, Applicant acknowledges that submittal of this application constitutes acceptance of all Grant Agreement provisions as contained in the Terms and Conditions and Procedures and Requirements. To download these documents see: (insert grant program link here)

APPLICATION CERTIFICATION

Certification: I declare, under penalty of perjury under the laws of the State of California, that all information submitted for CIWMB's consideration for award of grant funds is true and accurate to the best of my knowledge.

X

Signature Authority - as authorized in Resolution; or Authorized Designee - as authorized in submitted Letter of Delegation

Date

Print Name

Print Title

WASTE TIRE CLEANUP PROJECT(S) DESCRIPTION

Provide the location, parcel number and a description of each site, which includes proximity to populated areas or sensitive environments, number of tires, proposed method of remediation, and end use. Photographs should also be included. If there are more than 500 tires on private property and the owner is not responsible for the illegal disposal of the tires, then an affidavit for each site must be included with the application. *See Application Guidelines and Instructions for the affidavit form.*

WASTE TIRE AMNESTY EVENT(S) DESCRIPTION

Provide a description of the amnesty event(s), including the estimated cost per tire for each event (grant amount divided by number of tires to be collected). Please include a quote from a registered waste tire hauler to justify the estimated cost per tire.

Is there a current Waste Tire Enforcement Grant awarded that covers applicant's jurisdiction? ☐ Yes ☐ No

Work Plan
2008/09 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:	PROPOSED PROJECT NAME(S):
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)

Work Plan
2008/09 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME:	PROPOSED EVENT NAME(S):
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)

Budget
2008/09 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:

Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Total	Total Funds
Personnel						
Contracts (removal, transportation, disposal)		Description:				
Materials & Supplies		Description:				
Equipment Rental		Description:				
PROJECT GRAND TOTAL:						\$

Budget
2008/09 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME:

Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Match \$	Grant \$	Total \$
Personnel (project/grant oversight)*							
Labor (handling tires)							
Contracts (removal, transportation, disposal)	Description:						
Equipment Rental	Description:						
Materials & Supplies	Description:						
Education & Advertising*	Description:						
Totals:							
Grant Amount	/	Estimated Number of Tires to be Collected			=	Cost Per Tire	
	/				=		

* Project oversight, education, and advertising expenses, combined, are only reimbursable up to 25% of the total amnesty events grant amount.

APPLICATION CHECKLIST

This application checklist is provided for your convenience and is not intended to be all inclusive. You are responsible for completing and submitting all required documentation.

Grant Application Form	
<input type="checkbox"/>	All applicable information and documents are provided; applicable boxes are checked.
<input type="checkbox"/>	Application Certification is signed by the: 1) Signature Authority as authorized in Resolution, or 2) Authorized Designee. <i>Authorized Designee may sign only if the Letter of Delegation has been submitted to the CIWMB.</i>
<input type="checkbox"/>	A registered waste tire hauler quote is included
<input type="checkbox"/>	If applicable, Property Access Authorization and Responsibility Affidavit For Private Property is included. <i>See Application Guidelines & Instructions for more information.</i>
Environmental Justice Certification	
<input type="checkbox"/>	Box is checked.
Resolution or Requirement— <i>See Application Guidelines & Instructions for Resolution, and Letter of Delegation (LOD) information and examples</i>	
<input type="checkbox"/>	Approved Resolution is included with Application; box is checked, or
<input type="checkbox"/>	If applicable, approved Resolution not submitted with Application but will be submitted to the CIWMB for receipt by February 9, 2009 ; box is checked. If applicable, Letter of Delegation (LOD) is included with Application.
<input type="checkbox"/>	<i>A LOD is not required to be submitted with the Application; however, it must be submitted prior to Designee's exercise of his/her authority.</i>
Environmentally Preferable Purchases and Practices Policy— <i>See Application Guidelines & Instructions for example & notification</i>	
<input type="checkbox"/>	Signature Authority has certified that Applicant has an Environmentally Preferable Purchases and Practices Policy (EPPP Policy); box is checked, or
<input type="checkbox"/>	Applicant does not have an EPPP Policy but will adopt one by February 9, 2009 and submit a Notification Form to the CIWMB for receipt by February 9, 2009 ; box is checked.
Certification of Completion of General Checklist of Business Permits, Licenses and Filings (CIWMB669)	
<input type="checkbox"/>	CIWMB 669 form is submitted with application.
Acceptance of Grant Provisions	
<input type="checkbox"/>	Box is checked.
Application Format & Submittal	
<input type="checkbox"/>	Copies: One application with original signature (blue ink preferred), and two copies
<input type="checkbox"/>	Paper: 8½ X 11, printed double-sided, single spaced, on 100% post consumer fiber, and numbered consecutively
<input type="checkbox"/>	Stapled, not bound: upper left-hand corner
<input type="checkbox"/>	Font: Comparable to 12 pt. Times New Roman
<input type="checkbox"/>	Addressed to the appropriate mailing address of the CIWMB